MISSOURI DEPARTMENT OF HIGHER EDUCATION

APPLICATION FOR RECERTIFICATION TO OPERATE A SCHOOL IN MISSOURI

Pursuant to Sections 173.600 through 173.619, RSMo

Submitted By:	
(Name of School)	
Date of Submission:	

THESE FORMS VALID ONLY
IF SUBMITTED BY

MARCH 15, 2005

PROPRIETARY SCHOOL APPLICATION FOR RECERTIFICATION

INTRODUCTION

Purpose

This application is to be completed only by schools seeking annual recertification to operate for purposes of offering an instructional program(s) within the state of Missouri. All current certificates expire June 30, and failure to submit an application for recertification will result in the lapse of certification.

Application Completion Options

The application consists of three sections and the instructions for completion may be found at the beginning of each section. In an effort to simplify and expedite the recertification process, the department has discontinued providing printed application forms and adopted an electronic format for the recertification application. All sections of the application are available on the Department of Higher Education Internet site in Adobe Acrobat (PDF) document format or as a Microsoft Word document. Any computer with Internet access should be able to obtain and complete the application electronically. A copy of Acrobat Reader is available free at www.adobe.com/products/acrobat/readermain.html if you wish to use that version of the application. Any Word 97 or later release should be capable of accessing the related version of the application.

There are two options for completing the application.

Option One: You may complete the paper application, just as you have in previous years. You can receive a paper copy by downloading and printing either version of the document in its entirety. If you are unable to access the application electronically, you can contact the Department of Higher Education and we will send you a printed application packet.

Option Two: You can complete Microsoft Word version of the application electronically. To complete the form in this manner, you must access the application from our Internet site, complete it electronically (either while connected to our site or by saving a copy to your computer hard drive) and save/print the completed application. All data forms can be accessed separately from the application by clicking on underlined links within the application or by visiting our Internet site at www.dhe.mo.gov.

Submission Procedures

Once you have completed the application, you must print a copy of the entire application, sign and initial all pages requiring original signatures or initials and submit it along with all exhibit materials to the department. Please submit one completed copy to the Department of Higher Education and retain one completed copy for your records. Do not submit the application by e-mail or other electronic means.

The department must receive your completed application by the deadline of March 15, 2005. Please submit your form to the Missouri Department of Higher Education, Proprietary School Certification, 3515 Amazonas Drive, Jefferson City, Missouri 65109. It is recommended that you send the application materials using a method that provides a return receipt so you can verify timely delivery.

Do **NOT** send your certification fee with this application. We cannot accept the fee before making a determination regarding your eligibility for recertification.

Review Procedures

Care and diligence are required in the preparation of this application. Incoming applications are reviewed for completeness in preparation for an in-depth evaluation. At the time of intake and screening, you will receive acknowledgement that your application was received and *notification concerning its completeness*. If you are notified that your application is incomplete, you must provide the requested information promptly. Detailed review of the application will not proceed until all application materials are complete. Failure to submit the requested information in a timely manner may result in the denial of certification to operate.

All complete applications will be comprehensively evaluated after the March 15 deadline. Because of the thorough nature of these reviews and the volume of applications received, completion of the evaluation process requires at least 45 days. You will receive *written notification of the results of the evaluation*. It is imperative that you **respond immediately** if you receive a request for additional information regarding your application. If the department does not receive sufficient information to make a determination on your application, your certification may be delayed past the June 30 deadline.

When you receive confirmation that your institution is eligible for recertification, you will also be notified regarding the payment of the **certification fee** and the submission of verification of an adequate **security deposit**, both of which are required conditions of recertification. Once those items have been received, a **certificate of approval** and an official **program inventory** will be issued.

Information and Assistance

If you have questions or require additional assistance, visit our website at www.dhe.mo.gov or contact the Proprietary School Certification Program staff at (573) 751-2361.

SECTION I

CERTIFICATION STANDARDS

INSTRUCTIONS

This section contains a series of statements regarding the standards required for certification to operate. A school official must initial each statement and by doing so attests that the school is in compliance with that standard. The name and title of the school official who initials the attestations must be provided on page nine of the application. Regardless of who initials the items, the school official signing the application is responsible for the accuracy and completeness of all information provided in the application. If you are unable or unwilling to attest to compliance with any item, attach a full narrative explanation as Exhibit Six, at the end of the application.

Applications will be returned as incomplete if any of the following occur:

- The school official initialing this section is not identified.
- A statement has not been initialed and no explanation is attached as Exhibit Six.
- The school official's initials are typed into the blanks.
- The blanks contain \times 's, \checkmark 's or anything other than the school official's original initials.

Please note that this section of the application cannot be completed electronically. Since the items in this section require an original signature or initials, it must be printed and completed by hand.

INSTITUTIONAL STANDARDS

1	(Initial) The school has an exact physical location or locations at, from, or through which instruction is offered.
2	(Initial) The purpose of the school is legitimate and acceptable educationally and is supported by the operations and programs of the school.
3	(Initial) The school will maintain a physical plant and equipment commensurate in size, accommodations and condition to the purpose and programs of the school.
4	(Initial) The school will maintain all learning resources, such as educational equipment, computer hardware and software, library holdings, and telecommunications equipment, sufficient to meet the educational objectives of all courses and programs.
5	(Initial) The school will maintain compliance with all pertinent ordinances and laws relating to the safety, health, and security of the persons on the premises.
6	(Initial) All media advertising and other informative or promotional materials, including those printed, published, recorded, or presented descriptive of the school will truthfully represent the characteristics of the school.
7	(Initial) Advertising and promotional materials, as described in Item 6, will include the name of the school and specify either the school mailing address, the telephone number, or both.
8	(Initial) Advertising and promotional materials, as described in Item 6, when referencing Missouri certification status, will only refer to the school as being either "certified to operate" or "approved to operate" by the "Missouri Coordinating Board for Higher Education" or the "Missouri Department of Higher Education."
9	(Initial) Advertising and promotional materials, as described in Item 6, will not state that the school, its programs, certificates, or degrees are accredited, certified, or approved by the Coordinating Board for Higher Education, the Department of Higher Education, or by the State of Missouri or any of its agencies.
10	(Initial) Employment or want ad sections or services of any newspaper or other advertising medium will not be used for purposes of student recruitment.
11	(Initial) Media advertising, as described in Item 6, will not state the school is accredited by any organization that is not an accrediting agency officially recognized by the United States Department of Education.
12	(Initial) Media advertising, as described in Item 6, will not omit or conceal any material information that by its omission obscures a truthful description of the school, its programs, or its services.
13	(Initial) The school will maintain documentation for the verification of the accurateness of all information contained in advertising and promotional materials.

PROGRAM STANDARDS

14	(Initial) The instructional programs of the school legitimately support the stated purpose of the school and each course of instruction meets its stated objectives.
15	(Initial) Earned degrees or certificates will not be given, awarded or granted in the absence of an instructional component offered and conducted by the school.
16	(Initial) The school will maintain a catalog or other publication that contains all program information outlined in the publication checklist, found on pages 29-31, and that will be provided to all students and any prospective students upon request.
17	(Initial) Earned certificates or degrees will not be given, awarded or granted solely on the basis of payment of tuition or fee, credit earned at another school or schools, on the basis of credit for life experience or other equivalency, on the basis of testing out, on the basis of research and writing, or solely on the basis of any combination of these factors.
	PERSONNEL STANDARDS
18	(Initial) The school has a formal governance structure consistent with its form of ownership or corporate identity that is capable of adequately directing, administering, and operating the school and is capable of developing and maintaining its instructional programs.
19	(Initial) The school will maintain sufficient administrative, instructional, and support personnel based on its student enrollment and relative needs for educational and support services.
20	(Initial) All instructional personnel (any personnel who train or deliver instruction or who measure, assess, or evaluate student achievement) have a combination of educational and experiential qualifications in excess of the level of instruction on which they are instructing.
21	(Initial) All instructional personnel (as defined above) have relevant qualifications, training, and experience in the subject or discipline area in which they are teaching.

FINANCIAL STANDARDS

22. ____(Initial) The school has a sound financial structure with sufficient resources for its continued operation. 23. ____(Initial) The school demonstrates financial stability and responsibility through reasonably prompt satisfaction of operational financial obligations, its capital indebtedness obligations, its personnel payroll, and its student financial refund obligations. 24. (Initial) The school continuously maintains the required financial security deposit on forms provided by the department. 25. ____ (Initial) If financial aid is available to students attending the school, the school attests that the administration of governmental student financial aid, including grants and loans, awarded through or by the school, is in compliance with all applicable laws and regulations. STUDENT COST STANDARDS 26. ____(Initial) The school will fully disclose any and all financial charges to the students, and this disclosure will be maintained through a catalog or other printed or published informative material, and made available to all students and any prospective students upon request. (Initial) The school will provide for a period during which the enrollment agreement may be cancelled by the student with refund of all monies paid. That cancellation period shall not be less than three (3) days, exclusive of Saturday, Sunday, and holidays. 28. ____(Initial) The school will maintain a fair and equitable student tuition refund policy through at least one-half of the enrollment period. 29. (Initial) The refund policy maintained by the school will specify fees or other expenses that are non-refundable beyond the required period of cancellation specified in Item 27. 30. ____(Initial) The refund policy maintained by the school will specify a maximum time lapse for the refund to be made and any conditions under which there would be no refund. 31. (Initial) The school will disclose to students any conditions under which the refund would be made to a person other than the student.

STUDENT SERVICES STANDARDS

32	_(Initial) The school will maintain and fairly and equitably enforce admission procedures and requirements which reasonably assure that the students admitted are capable of achieving and informed concerning the qualifications, competency levels, and/or proficiencies necessary to achieve the stated goals of the instruction offered and which are nondiscriminatory in their application.
33	_(Initial) The school will maintain and disclose in a catalog or other publication all policies governing students, as listed on the publication checklist located on pages 29-31 of this application, and the expectations of reprimand, punishment, or termination for violation of any of these policies.
34	_(Initial) The school will maintain a written enrollment agreement containing all required elements, as listed on the enrollment agreement checklist located on page 32 of this application, and will provide a copy of the completed agreement to all accepted students.
35	_(Initial) The school will permanently maintain an individual transcript record for each student currently or formerly enrolled at the school. Unless the transcript is destroyed by an act of nature, the institution will not refuse to issue a transcript on a student's written request, except for the reason of student nonpayment of a financial obligation to the school.
36	_(Initial) The transcript maintained by the school will include all required elements, as listed on the transcript checklist located on page 33 of this application.

ATTESTATION

By my signature, I affirm my understanding of and agreement with the following:

If this application is approved, approval is valid only under the stipulations as set forth in the Missouri Code of State Regulations 6 CSR 10-5.010.

The Department of Higher Education may, on its own cognizance, provide information about this application and the school to other governmental agencies and to accrediting associations. Public access to the department's files on the school will be in accordance with Missouri's open records law.

The initials contained on each of the above numbered items are those of an official of the school legally authorized to act on behalf of the school and attest to the fact that the school is in compliance with all applicable rules and regulations and will maintain compliance throughout the term of the certificate of approval.

The statements and information in this application or attached to this application (including any information submitted in an electronic format) are certified to be true and correct.

Signature of Owner or Chief Adminis	trator
Typed or Printed Name	
Title	Date of Signing
Name of Person Initialing the Applica	tion (if different) (Please Print)

SECTION II

INSTITUTIONAL INFORMATION

INSTRUCTIONS

This section collects information about the school's physical location(s), contact information, ownership, control, and accreditation. In addition, it contains five data collection forms (Program Inventory, Personnel, Finance, Student Financial Aid, and Enrollment, Completion and Employment). The information collected in this section pertains to the school's eligibility for recertification and about its students.

The Department of Higher Education is responsible for compiling, analyzing, publishing and distributing descriptive information about the proprietary school sector. The data reported in this section are aggregated and reported in the annual statistical summary produced by the department.

Location, Ownership, Control and Accreditation:

The information provided identifies the official name, physical location(s), mailing address, telephone and facsimile numbers, and the web address of the school. Additionally, it establishes the type of ownership and control of the institution and the status of the institution with any accrediting or approving agencies.

This section also provides information regarding branch campuses and/or extension sites maintained by the institution. For purposes of certification to operate, a **branch campus** is defined as a geographically separate and permanent instructional facility, which is derived from and controlled by its main campus. A branch campus may provide complete and distinct programs and employ unique or shared instructional and administrative personnel. A branch may produce and maintain its own institutional and student records. An **extension site** is defined as any geographically separate and either temporary or permanent instructional facility located within reasonable geographic proximity to a main or branch campus, which is entirely auxiliary to and operated by a main or branch campus. An extension site does not provide distinct programs, employ significant administrative personnel, or maintain its own institutional or student records.

• Please note that if there are any changes to the institutional information provided in this section during the recertification year, you must notify the department at least thirty days prior to the effective date of that change.

Instructions for each of the data collection reports may be found immediately before the required form.

LOCATION/OWNERSHIP/CONTROL/ACCREDITATION

	ysical Address of the Main Missouri Campus:
<u>—</u> Ма	uiling Address, if different:
Sch	nool Telephone Number:
Scł	nool Facsimile Number:
	nool Website, if applicable: ote: Electronic mail (e-mail) addresses are reported as part of the personnel information.)
Α.	Indicate the form of school ownership/control by marking one of the following:
	Individual Partnership Private or Public Corporation
	Board of Trustees/Directors
B. _	If the ownership is a corporation, indicate state in which incorporated and whether it For-Profit OR Not-for-Profit.
C.	Name of Owner:
	Address of Owner:
D.	If ownership is a partnership, or a for-profit corporation, give the name(s) of person(s) he an ownership interest of ten percent or more. If not-for-profit and controlled by a gove board, indicate board size and list the current officers.

				_ Exp. Date	
				_ Exp. Date	
				_ Exp. Date	
				Exp. Date	
Indicate whether the schagencies, for example Voc				or certified by YES	federal o
If yes, list all such agencie	es.				
The school identified in Missouri.	Items 37 and	38 (the main	Missouri	campus) has	the follow
	Items 37 and	38 (the main		campus) has	the follow
Missouri.		YE:		many?	the follow

Branch Campus Information Branch DHE Code: -

(See lower right corner of branch certificate.)

Physical Address:			-
Mailing Address if diff	ferent:		
Telephone Number:		_ Facsimile Number:	
Name of Designated C	ampus Contact:		
Title of Designated Ca	mpus Contact:		

DUPLICATE AND ATTACH ADDITIONAL PAGES AS NEEDED

This form is available separately from the complete application. If you are completing the application electronically, click here to access a separate copy of this page for use in completing additional pages as needed.

Extension Site Information

Extension of Which Sc	hool Location:		_
Physical Address:			-
Mailing Address if diff	erent:		-
Telephone Number:		Facsimile Number:	-
Name of Designated Si	te Contact:		
Title of Designated Site	e Contact:		

DUPLICATE AND ATTACH ADDITIONAL PAGES AS NEEDED

This form is available separately from the complete application. If you are completing the application electronically, click $\underline{\text{here}}$ to access a separate copy of this page for use in completing additional pages as needed.

Franchise Location Information

Franchise of which School Location:		
Physical Address:		
Telephone Number:	Taesimile Number.	
Name of Designated Contact Person:		
Title of Designated Contact Person:		
Physical Address:		
Telephone Number:	Facsimile Number:	
Name of Designated Contact Person:		
Title of Designated Contact Person:		
Physical Address:		
Telephone Number:	Facsimile Number:	
Name of Designated Contact Person:		
Title of Designated Contact Person:		

DUPLICATE AND ATTACH ADDITIONAL PAGES AS NEEDED

This form is available separately from the complete application. If you are completing the application electronically, click $\underline{\text{here}}$ to access a separate copy of this page for use in completing additional pages as needed.

PROGRAM INVENTORY INSTRUCTIONS APPLICATION ITEM 43

This item requests information about the inventory of instructional programs to be offered by the school during the 2005-2006 certification year. This application item establishes the programmatic scope of the school's certificate of approval and must accurately and completely report each instructional program to be offered by the school. This application item is one of the most **crucial** and requires extreme diligence in its completion. A program or program of instruction is defined as a complete academic or vocational education offering which fulfills the requirements for the awarding of a certificate or degree. A program may consist of one or multiple courses, and shall, upon satisfactory completion, fulfill an academic, occupational, or other training objective.

Item 43 must include, for each instructional program offered:

- The appropriate CIP code. (A searchable database of CIP codes is available on the Internet at nces.ed.gov/pubs2002/cip2000/. More information is available by request from the department or you can visit nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2002165 for the complete document.)
- The official program title as it appears in school publications.
- The length of the program in weeks.
- The number of contact or credit hours required for completion of the program. If credit hours are used, please indicate if they are semester or quarter based. If progress and completion are not measured in hours, please report the number of lessons or other measures used for this purpose and attach an explanation/definition of these items.
- Tuition, fees, and other costs of enrolling in and completing the program.
- The exact designation of the award granted upon satisfactory completion of the program.

The inventory provided with this application will be compared to the school's previous application to identify any variations. It will also be used as a basis for evaluating the disclosure of programmatic information in advertising and publications and for the department's profile of the institution that is available to the public.

Please note that any substantial changes to the programmatic offerings of the school, including the initiation of new programs, must be approved by the department before implementation. You must notify the department at least thirty days prior to the effective date of the change to facilitate review related materials and to update the scope of your certificate to operate. The addition of new programs should not be a part of the recertification process. The department expects schools to follow the above procedure for the initiation of all new programs.

This form (application item 43) is available separately from the complete application. If additional pages of the form are necessary to report branch information or more programs than one form will allow, please click here for access as needed.

PLEASE NOTE THAT SCHOOLS OPERATING BRANCH CAMPUSES MUST COMPLETE A SEPARATE ITEM 43 FOR EACH BRANCH

(DHE code may be found in the lower right corner of the current certificate)

Item 43: Program Inventory

School Nan	me:		Locati	on:			Branc	ch Code:	
Internet site	structional program offered, provide the information of the previous page. Hour types may be measure of progress is used (lessons, competend	be SCH (Semeste	er Credit Ho	ours), QCI	H (Quarter C	redit Hou			
			Но	urs			Coat of	Av	ward
CIP Code	Program Title	Length (weeks)	Number	Туре	Tuition	Fees	Cost of Books & Supplies	Non- degree (Cert.)	Degree (AAS, BS, etc.)
				Select				None	
				Select				None	
				Select				None	
				Select				None	
				Select				None	
				Select				None	
				Select				None	
				Select				None	
				Select				None	
				Select				None	

Duplicate this page if additional space is needed and for each branch location

PERSONNEL DATA

INSTRUCTIONS

The information provided on this form verifies the institution employs adequate administrative and support staff and a sufficient number of qualified instructors.

All schools must complete Item 44. This form reports the number of administrative and instructional staff for each location of the school, and whether they are full-time or part-time.

Please note that while it is possible for a school to employ one person as both an administrator and an instructor, it is not appropriate to list that person as full-time in both categories or full-time in one category and part-time in the other. In this instance, the person should be reported as part-time in both categories.

Please indicate at which location (main or branch) the staff is located. **Duplicate as necessary to complete a report for the main and each branch campus.** The identification number for each campus is located in the lower right corner of the current certificate of approval.

This form (application item 44) is available separately from the complete application. If additional pages of the form are necessary to report branch information, please click <u>here</u> for access as needed.

• All schools must provide additional information about school personnel as part of **Exhibit Four**, Personnel Information. Please review the instructions for that section of the application.

Item 44 Personnel Data List Total Number in Each Category

Main Campus DHE Identification Number: - <u>0 0</u>

PERSONNEL	Full-Time	Part-time
Administrative		
Instructional		
Branch Campus DHE Identification Numbe	er: -	
Location:		
PERSONNEL	Full-Time	Part-time
Administrative		
In standation of		
Instructional Branch Campus DHE Identification Number	er: -	
Branch Campus DHE Identification Numbe	er: -	
Branch Campus DHE Identification Numbe Location: PERSONNEL	er: - Full-Time	Part-time
Branch Campus DHE Identification Numbe <i>Location:</i>		Part-time
Branch Campus DHE Identification Numbe		Part-time
Branch Campus DHE Identification Number Location: PERSONNEL Administrative Instructional	Full-Time	Part-time
Branch Campus DHE Identification Number Location: PERSONNEL Administrative	Full-Time	Part-time
Branch Campus DHE Identification Number Location: PERSONNEL Administrative Instructional	Full-Time	Part-time
Branch Campus DHE Identification Number Location: PERSONNEL Administrative Instructional Branch Campus DHE Identification Number	Full-Time	Part-time Part-time

DUPLICATE AND ATTACH ADDITIONAL FORMS AS NEEDED

This form is available separately from the complete application. If additional pages of the form are necessary to report branch information, please click here for access as needed.

Instructional

FINANCIAL STATEMENT

INSTRUCTIONS

The income and expenditure data submitted in this section provide a basis for determining the school's compliance with the standards requiring a sound and adequate financial structure supporting continued operation of the school. This section of the application includes a financial statement showing major categories of income and expenditure for the last completed school fiscal year, and reports the certification fee and security deposit requirements that are based on that financial information. As a financial report for all school-related activities, a single financial statement should be submitted that includes information for all campuses and instructional locations operated under the Missouri location identified in items 37 and 38. Completion of the included financial statement is a required part of the school application for recertification to operate. Other financial statements may be attached to the application as supporting documentation but *may not be substituted* in lieu of this statement.

Name of School: Official name of the school as shown in application item 37.

School ID: Enter the DHE identification number from last year's main campus certificate to operate (located in the lower right corner).

Item 45: Enter the 12-month period for which data are reported, as determined by the school. The time period for this report should be the most recent fiscal year for which financial information is available.

Signature of School Owner or Chief Administrative Officer: This line must include an original signature of one of the indicated school officers.

The information contained in the financial statement establishes the amount of the certification fee (Item 54) and the security deposit requirement (Item 55). The formula for calculating the amount of each is described in the related application item. Do **NOT** submit the certification fee or the security deposit with this application. Information concerning the submission of those items will be provided after the application has been reviewed and approved.

The security deposit, as required by law, must cover any and all Missouri locations and school agents, must specifically identify the location reported in application items 37 and 38, and must remain in place continuously in order for the school to maintain its certificate of approval. Compliance must be by a performance surety bond, irrevocable letter of credit, or cash bond secured by a certificate of deposit.

- Because this form requires an original signature, a signed original of this form must be submitted with the application.
- This form is available separately from the complete application. If access to another copy of this page is necessary, please click here for access as needed.

Coordinating Board for Higher Education

Financial Statement Income and Expenditures for the Most Recently Completed School Fiscal Year

Name of School: Di	HE ID: <u>0 0</u>
School Address:	
45. Reported fiscal year starts and ends .	
INCOME:	
46. Tuition (All tuition less refunds, books, tools and supplies.)	
47. Fees (Not included in tuition.)	
48. Total Tuition and Fees (Sum of Items 46 and 47.)	\$0
49. Other Income (Including books, tools and supplies.)	
50. Total Income (Sum of Items 48 and 49.)	\$0
EXPENDITURES:	
51. Payroll (Total for all employees, not including fringe benefits.)	
52. Nonpayroll Expenditures	
53. Total Expenditures (Sum of Items 51 and 52.)	\$0
The information provided on this financial statement is correct and knowledge.	d accurate to the best of my
Signature of School Owner or Chief Administrative Officer	Date
Typed or Printed Name and Title	

CERTIFICATION FEE AND SECURITY DEPOSIT REQUIREMENT

54.	The dollar amount of the certification fee must be calculated by the school as described below:
	\$.001 multiplied by Item 48 (net tuition and fee income for the preceding year)
	$\$.001 \text{ X} \frac{\$0}{Item \ 48} = \frac{\$0}{}$
	If the amount calculated is less than the minimum of \$250, the certification fee for the school will be \$250. If the amount calculated is greater than the maximum of \$2,500, the school certification fee will be \$2,500. For amounts calculated that fall between these numbers, please round to the nearest dollar.
	Please enter the amount of the certification fee:
	DO NOT SUBMIT THE CERTIFICATION FEE WITH THIS APPLICATION
55.	The dollar amount of the security deposit requirement must be calculated by the school as described below: Ten (10) percent multiplied by Item 46 (preceding year's gross tuition income)
	$0.10 \times \frac{\$0}{Item 46} = \frac{\$0}{Item 46}$
	If the deposit amount calculated is less than the minimum of \$5,000, the security deposit required for the school will be \$5,000. If the deposit amount calculated is greater than the maximum of \$25,000, the security deposit required for the school will be \$25,000. For those amounts calculated between these two numbers, please round to the nearest dollar.
	Please enter the amount of the security deposit:
	The security deposit is already on file for schools seeking recertification. If replacement of the security deposit or increase in the amount of the deposit currently on file is required, it will be requested prior to issuance of the certificate.

DO NOT SUBMIT SECURTIY DEPOSIT MATERIALS WITH THIS APPLICATION

STUDENT FINANCIAL AID AWARDED BY SOURCE FORM DHE 14-P

INSTRUCTIONS AND EXPLANATIONS

This report provides data about the amount and types of financial assistance your students received during the most recently completed financial aid award year. This information is reviewed for internal consistency with enrollment information and other application items. It is also compared to income and expenditure data to assess the school's financial stability with regard to dependence on student financial assistance programs.

School name, DHE identification number (lower right hand corner of the certificate), authorized signature and reporting period should be completed regardless of whether financial aid was available or delivered during the past year. The authorized signature is the signature of the official responsible for data correctness and integrity. The reporting period is the 12-month period for which the data is reported, as determined by the school.

Student Financial Aid Not Available: Initial the blank if this statement applies to your school and skip to the next application item (DHE 27-P). If students are eligible for financial assistance, skip this item and complete lines 1 through 18 for programs available at the school, even if the total amount delivered was zero.

Line 1 through Line 10--Federal Programs: For each federal source of financial aid listed on these lines, report the number of students who received funds from that source of financial aid during the reporting period and the total dollar amount of financial aid disbursed from that source.

Line 11--State Administered Federal Programs: Other types of federally sponsored student financial aid programs should be reported in this section. The school must report the number of students who received funds from each source of financial aid during the reporting period and the total dollar amount of aid disbursed from that source. If funds were delivered from other governmental sources of this type, please identify each program and report the requested information.

Lines 12 and 13--State Funded Programs: For each state funded student financial assistance program, report the number of students who received funds from that source of financial aid during the reporting period and the total dollar amount of financial aid disbursed from that source.

Lines 14 through Line 16--Institutional Programs: For each institutional source of financial aid listed in lines 15 through 17, report the number of students who received funds from each source during the reporting period and the total dollar amount of aid disbursed from that source.

Line 17--Other Financial Aid Sources: Report the number of students and the total dollar amount disbursed for any financial aid program not reported in lines 2 through 17. This should include any private loan programs, such as Sallie Mae (SLM) or Key Bank. Attach a separate sheet listing each program and the amount awarded.

Line 18 – Number of Students Column: Enter the total **UNDUPLICATED** number of students receiving financial aid from all sources during the reporting period. In most instances this entry **WILL NOT** equal the sum of all the entries in lines 1 through 17 of the Number of Students column since some students receive financial aid from more than one source. Unduplicated means that no student is counted more than once.

Line 18 - \$ Amount Awarded Column: Enter the total amount of financial aid awarded from all sources during the reporting period. This entry **WILL BE** the sum of all entries in lines 1 through 17 of that column. If student financial aid funds were available, but no funds were delivered, please enter a zero on this line.

- Because this form requires an original signature, a signed original of this form must be submitted with the application.
- This form is available separately from the complete application. If access to another copy of this page is necessary, please click here for access as needed.

Coordinating Board for Higher Education Student Financial Aid Awarded by Source (DHE 14-P)

DHE - <u>0 0</u>	~		
ID Number from Certificate	School N	Name	
Authorized Signature			
Reporting Period: 12-month period ending on .			
Student Financial Aid Not Available (Initia	l if appl		
Source of Aid	Line	Number of Students	\$ Amount Awarded
Federal Programs		20000110	111102000
Pell Grants	01		
Supplemental Education Opportunity Grants	02		
College Work Study	03		
Perkins Loans	04		
Subsidized Stafford Loans	05		
Unsubsidized Stafford Loans	06		
PLUS Loans	07		
Direct Subsidized Student Loans			
Direct Unsubsidized Student Loans			
Direct PLUS Loans			
State Administered Federal Programs	11		
Workforce Investment Act (WIA)	1		
Vocational Rehabilitation (VR)	1		
Trade Readjustment Act (TRA)	_		
Other (specify)			
State Funded Programs	10		
Advantage Missouri	12		
Other State Programs (Specify)	13		
Institutional Programs	14		
Grants/Scholarships Loans	15		
Jobs	16		
All Other Financial Aid Sources	17		
Unduplicated Number of Students and Total Financial Aid Dollars	18		\$0

PROGRAM COMPLETIONS AND EMPLOYMENT FORM DHE 27-P

INSTRUCTIONS AND EXPLANATIONS

This report provides information about the enrollment and outcomes of students enrolled at each location of the school. A SEPARATE FORM MUST BE COMPLETED FOR THE MAIN CAMPUS AND EACH BRANCH CAMPUS OPERATED BY THE SCHOOL. The information reported by the school is useful in reviewing institutional performance.

Name of the School: The official name of the school as shown in application item 37.

School ID: The assigned DHE ID number, as shown in the lower right hand corner of the previous year's certificate to operate.

Authorized Signature: This is the signature of the school official who is responsible for the data correctness and integrity.

Section I – Student Enrollment: This section provides a summary of enrollment information. Please enter the number of students (head count) enrolled at the school any time during the 12 month period ending December 31, 2004. This information will be used for comparison with the enrollment information published in the annual statistical summary and other data provided in this application.

Section II – **Student Placement:** If the school provides students/graduates with organized and systematic assistance with finding employment, check the YES box and enter the placement rate and the reporting period. *This placement rate is an adjusted percentage of graduates working in training related fields.* For accredited institutions, this rate should be calculated in accordance with the requirements of your accrediting commission. Other institutions should use a generally accepted method for calculating this percentage. The reporting period may be a calendar year, fiscal year, or any other 12-month period for which documentation is available. If the school does not offer placement assistance, check the NO box. In either event, all other sections of this form must be completed.

Sections III and IV: These sections must be completed whether or not the school offers placement assistance.

Section III – Program Completions:

Column (1):	Enter the name of each program offered by the school (as it appears in application
	item 43, the official program inventory) from which students graduated during the
	reporting period. If the program name changed during the year, please use the most

recent title.

Column (2): For each program listed, enter the Classification of Instruction Programs (CIP) number code from the CIP code booklet. The CIP codes listed for each program must agree with the code listed on the official program inventory (item 43).

Column (3): Award – If a degree program, enter the specific degree; e.g., AAS, BS, etc. If a nondegree award, enter "Cert." for certificate. It is **not** appropriate to enter "diploma" in this column.

Column (4): Program Completors – Enter the number of students who graduated from each program during the 12 month period ending on December 31, 2004.

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DHE 27-P INSTRUCTIONS AND EXPLANATIONS (CONTINUED)

Section IV – Employment of Graduates: Data provided in this section should be based on the best information available to and maintained by the school as of the date of the completion of the application. It is understood that the accuracy of this data is limited by the school's knowledge of student actions after graduation. No individual should be reported more than once in columns Five through 11.

Column (5): Training Related – Enter the number of graduates of the program employed in the

occupation or job category for which training was offered.

Column (6): Nontraining Related – Enter the number of graduates of the program employed in

jobs not requiring the program training.

Column (7): Further Education – Enter the number of graduates of the program that did not

enter employment but enrolled in any school for further education.

Column (8): Military – Enter the number of graduates of the program that entered military

service rather than employment.

Column (9): Unavailable – Enter the number of graduates of the program that, for reason of

death, illness, or other legitimate causes, have been unavailable for employment.

Column (10): Available but not Employed – Enter the number of graduates of the program not

included in other categories that were available for employment but were not

employed.

Column (11): Unknown – Enter the number of graduates of the program for which the school

simply has no information.

Column (12): Total – The entry in each line of Column (12) must be the sum for that line of

Columns (5) through (11) and must be the same number entered in Column (4) of

that line.

Totals: Compute and enter totals of Columns (4) through (12). If additional pages are

needed to give data for all programs, duplicate the page as necessary but show the totals only on the final page of the DHE 27-P report for each location of the

school.

• All schools, whether maintaining a placement service or not, are required to report the number of students in each category of Columns (5) through (10) of which the school has knowledge. This is a report of employment, not a report of placement.

• This form (DHE 27-P) is available separately from the complete application. If additional pages of the form are necessary to report branch information or more programs than one form will allow, please click here for access as needed.

• Because this form requires an original signature, a signed original of this form must be submitted with the application.

Coordinating Board for Higher Education Enrollment, Completion and Employment (DHE 27-P)

Name of School				1	OHE Ide	ntification l	Number:	-			
Authorized Signature											
Section I – Student En	rollment										
The total headcount enro	ollment for the	e campus	for calendar	year 2004 v	was						
		•									
Section II – Student Pla	acement										
This school provides studen	nt placement as	ssistance	YES/ N	O. If the a	nswer is Y	ES, complete	the remain	der of this sec	tion. The mo	st current sch	nool
placement rate for which do						eporting perio			to .		
Complete Sections III an	d IV regardles	ss of whe	ther or not the	e school of	fers place	nent assistar	nce. (See	instructions)			
Section III - Program	Completion			Section I	V – Emp	loyment of	Graduate	es			
(January 1 through Dec	ember 31, 20	004)		(Known	as of com	pletion dat	e of the a	pplication)			
<u> </u>				,	Non-			Unavailable			
				Training	training			for	Available		
			Program	Related	related	Further	Joined	Employ-	but not		
Program Name	CIP	Award	Completors	Jobs	Jobs	Education	Military	ment	Employed	Unknown	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
											0
											0
											0
											0
											0
											0
											0
											0
											0
											0
											Ÿ
											0
Totals			0	0	0	0	0	0	0	0	0

Duplicate this page if additional space is needed and for each branch location

SECTION III

EXHIBITS

The school's publications, enrollment agreement, and transcript are submitted as exhibits to demonstrate the institution is making disclosure of all required information to students and prospective students. Checklists are provided for your convenience in reviewing materials for completeness and accuracy. The exhibit checklist also **requires an authorized signature** attesting to the accuracy of the attached documents. The exhibits are also evaluated to verify that the institutional, programmatic, financial, student cost, and student services information reported on the recertification application is accurately and consistently disclosed in the school's publications.

The school **must** submit one copy of the following items as exhibits and these items **must** be numbered or labeled appropriately:

- 1. Current **Publications** and other printed material (catalog, brochure, student handbook, etc.) containing the school's disclosure of required information to students
- 2. Current *completed* Enrollment Agreement (with student identification information blocked out)
- 3. Official *completed* **Transcript** (with all student identification information blocked out)
- 4. Current **Personnel Information**, including resumes for all new personnel (if applicable)

The school **must** submit one copy of the following items **as applicable** based on application instructions:

- 5. Additional **Financial Reports** (if applicable)
- 6. **Supplemental** Information (if applicable)
- Please note that if there are any changes to your publications, enrollment agreement or transcript during the certification year, you should submit a copy to the department for review at least thirty days prior to implementing the new document. It is usually advisable to submit changes prior to the final printing of the document in order to avoid possible reprinting costs if changes are needed as a result of our review.

EXHIBIT CHECKLIST

All exhibit materials attached to this application are true and correct and rules and regulations. Copies of all publications are provided to sappropriately and a copy of the completed enrollment agreement is provided to sappropriately are maintained permanently in the files of students with the files of students wit	students and prospective students vided to students upon enrollment.
Signature of Person Authorized by the School	Date of Signing
Exhibit 1 – Publications: Attach copies of materials that are used to institution to students and the general public. This should include brochures, pamphlets, and/or other handouts. If the school maintains exhibit will be compared to that site to confirm consistent information available from an online source, a printed copy (including a date) metable. A checklist is provided to assist with the completion and review checklist must be attached as a part of this exhibit.	your catalog, student handbook, a website, the materials in this disclosure. If information is only must be submitted as part of this
Exhibit 2 – Enrollment Agreement: Attach a completed copy of agreement. (Please block out all information that might identify the strength enrollment agreement must be attached as a part of this exhibit.	
Exhibit 3 – Transcript: Attach a completed official transcript for a st block out all information that might identify the student.) A complete attached as a part of this exhibit.	`
Exhibit 4 – Personnel Information: All schools must attach compersonnel forms as directed in the exhibit checklist. Schools not accrebody must submit completed copies of the instructional personnel form recognized accrediting body, this exhibit must also include copies of rest the submission of your previous application for certification. Résumés following items: educational experience, including name of institution and major areas of study, degrees received, etc.; employment information dates of employment; and any additional background information held at the school.	edited by a recognized accrediting n. For schools not accredited by a sumés for all personnel hired since s must include, at a minimum, the n(s) attended, dates of attendance ton including name of employer(s)
Exhibit 5 – Additional Financial Reports: If you are submitting include it in this exhibit. If this does not apply to your school, check this	
Exhibit 6 – Supplemental Information: If you are submitting application, or a narrative explanation concerning an attestation, include apply to you, check this box.	· · · · · · · · · · · · · · · · · ·
 Please label each exhibit clearly and attach in the order listed. 	

Because this form requires an original signature, a signed original of this form must be

submitted with the application.

EXHIBIT ONE - PUBLICATION CHECKLIST

This exhibit will be evaluated to determine if all required informational disclosures are made to students and prospective students. Carefully review the description of the information, and clearly **label** your catalog, student handbook, brochures, pamphlets, handouts or other printed materials **where** the disclosure of each category of information can be found. As you complete this checklist, please include a brief description (including the page number, if applicable) that will **assist** us in **locating** each item when we review your materials.

Name and Address of School: The name and address of the school disclos	ed in your publications should
be the official name and address reported in this application. **Document Name/Type:**	Page #
Statement of the School's and each Program's Objectives. *Document Name/Type:**	 "
Program Information: The program information disclosed in your pub with the information reported on your program inventory.	lications should be consistent
Specific titles and descriptions of content including course description *Document Name/Type:** Proceedings of the content including course description Proceded Procede	~ "
Explanation of evaluation and completion requirements. *Document Name/Type:*	Page #
Specific grade, credit hour, contact hour and/or other performan satisfactory completion. **Document Name/Type:** Document Name/Type:**	.
Definitions of measures of progress. **Document Name/Type:** The image of the i	Page #
Specific methods by which program requirements may be met other school.	•
Document Name/Type:	Page #
Definitions and application of grading methods. Document Name/Type:	Page #
Policies and procedures for monitoring academic progress, include and pertinent timeframe.	ing achievement requirements
Document Name/Type:	Page #
Expectation of consequences for failure to maintain satisfactory probation, suspension, or termination.	academic progress, including
Document Name/Type:	Page #
Exact designation of the certificate or degree bestowed upon sar program.	• •
Document Name/Type:	Page #

PUBLICATION CHECKLIST – PAGE TWO

•	n of each program a terms.	and course stated in definable units such as	nours, days, weeks, months,
	Document Name//	Гуре:	Page #
	supervised research	nctional method to be employed (classro h, supervised internship or externship, etc	
		Туре:	Page #
	ements, and other po	on of instructional methods, achieve olicies unique to the delivery of instruction ary per	via distance media.
Sched		ding dates and times of meetings. Type:	Page #
	ation: The cost interpreted on your prog	formation disclosed in your publications gram inventory.	must be consistent with the
Tuitio	n for each program Document Name/	Гуре:	Page #
Progra	ammatic and institut Document Name/		Page #
A reas	sonable estimate of r	equired charges for:	
	Books	Document Name/Type:	Page #
	Equipment	Document Name/Type:	Page #
	Materials	Document Name/Type:	Page #
	Tools	Document Name/Type:	
	Services	Document Name/Type:	Page #
	Non-incidental edu	Document Name/Type:	Page #
publications, cancellation p	it must be consister	ment of the cancellation policy is disclosed that with the statement of the policy on the essed in your catalog or other publications, appe:	enrollment agreement. If the place N/A under <i>Document</i>
must be consinot disclosed <i>Docum</i>	istent with the states in your catalog or of nent Name/Type:	If the refund policy is disclosed in your cat ment of the policy on the enrollment agree ther publications, place N/A beside <i>Docume</i>	talog or other publications, it ment. If the refund policy is
DHE 300A (1:	1/04)	32	

PUBLICATION CHECKLIST – PAGE THREE

Student Service Information: The student service information disclosed in your publications must be consistent with the information reported on other application items.

P	Admission requirements and procedures for applying for admission. **Document Name/Type:**	Page #
	Conduct policy that includes the expectations of reprimand, punishment, or violation.	termination for
·	Document Name/Type:	Page #
Ι	Dress policy that includes the expectations of reprimand, punishment or terminat	tion for violation.
	Document Name/Type:	Page #
	Attendance policy that includes the expectations of reprimand, punishment or violation.	r termination for
	Document Name/Type:	Page #
	Grievance policy that specifies what steps students must follow to file a formal gachool.	rievance with the
	Document Name/Type:	Page #
	Withdrawal policy that specifies what steps students must take to formally wischool.	ithdraw from the
_		Page #
7	Transcript issuance policy and any other school policy formally stated in school p *Document Name/Type:**	ublications. Page #
Ι	Description of the physical facility. **Document Name/Type:** Document Name/Type:**	Page #
Ι	Description of the qualifications of individual instructional faculty. **Document Name/Type:** Document Name/Type:**	Page #
Ι	Description of the equipment used as instructional resources. **Document Name/Type:**	Page #
Ι	Description of the school library and its holdings, if applicable. **Document Name/Type:** Document Name/Type:**	Page #
S	Statement of any institutional or program accreditation or approval claimed. **Document Name/Type:** The content of the co	Page #
related s	ent Assistance Information: A description of job placement assistance, conservices available to students. If your school doesn't offer placement assistance	-
_	es, place N/A beside <i>Document Name/Type</i> . Pocument Name/Type:	Page #

EXHIBIT TWO ENROLLMENT AGREEMENT CHECKLIST

Must be a completed enrollment agreement!

Name and Address of the School: The name and address of the school that appears on the agreement must be the official name and address reported in this application.

Name of the program in which the student is enrolling.

Beginning date of instruction.

Length of the period of enrollment: Defined to be the time to which a student commits for completion of a course or program.

Cost of all charges made by the school during the period of enrollment.

Conditions of payment: Meaning a description of when payments to the school are due and for what amount, regardless of the sources of funding, and additional fees for alternative payment plans.

Cancellation Policy: The cancellation policy must provide for a period during which an enrollment or admission agreement may be cancelled by the student with refund of all money paid. That cancellation period may not be less than three (3) days, exclusive of Saturday, Sunday and holidays. This statement of the cancellation policy should be consistent with the catalog.

Refund Policy: The refund policy must provide for a reasonable refund formula through at least one-half of the enrollment period. The policy must specify a maximum time lapse for the refund to be made, any conditions under which there would be no refund, or any conditions under which a refund would be made to a third party.

Signature of the student and the date of signing.

Signature of an authorized school representative and the **date of signing**.

EXHIBIT THREE TRANSCRIPT CHECKLIST

Must be a transcript of a graduate!

Name and Address of School: The name and address of the school disclosed on the transcript must be the official name and address reported in the application.

Full name of the student.	
Information for all courses of instruction	n to include:
Name of each course	
Term and date of each course	
Grade assigned for each course	
Contact or credit hours attempte	ed
Contact or credit hours earned	
Exact award conferred, if applicable.	
Date of award conferral, if applicable.	
	plicable: For students who do not complete their programs, what ranscript) the student as withdrawn and the date of withdrawal?
Name, title and signature of school office	cial.
Date of issuance of transcript.	

EXHIBIT FOUR PERSONNEL INFORMATION

Administrative Personnel

Included as part of this exhibit is a blank administrative personnel form, which includes two personnel information records. Please complete a record for each of the school's principal administrative personnel. The form should be duplicated as necessary to provide sufficient records to list at least one administrative person for each category. All schools must submit this information.

- Please indicate the primary location (branch or main campus) to which each person is assigned or at which he or she performs their administrative duties. This identification number is located in the lower right corner of the certificate of approval.
- Check all of the administrative functions that apply for each person. At a minimum, at least one individual should be designated for each of the listed categories. If duties are shared by multiple individuals, please check only for the person with primary or lead responsibility for that function. Check "Other Administrative Duties" for individuals with secondary responsibilities or for those with responsibilities not listed.
- Only one person should be designated to receive the application for recertification. Only one person should be designated to receive the certificate of approval. While the same person may be designated for both, only one person for each of these items is acceptable.

Instructional Personnel

Included as part of this exhibit is a blank instructional personnel form. List all current instructional personnel on this form. Under the category "course taught," please list the courses for which this person has instructional responsibility. If the school's programs do not use a course structure, please indicate the skill or competency area for which this person has instructional responsibility or the program for which this person will be the lead or primary instructor. Additionally, please indicate if this person was employed since last year's recertification application. Résumé information must be included in this exhibit for all individuals identified as new personnel, unless the individual has been previously reported to and approved by the DHE as an instructor. At the top of the form, please indicate at which location (main or branch) the staff is located. Duplicate as necessary to complete a form for each main and branch campus.

Schools accredited by a recognized accrediting body are not required to complete the Instructional Personnel section of Exhibit Four.

Administrative Personnel Form

Name						
Title						
E-mail						
Telephone/Extension						
Identification Number of campus (Main or Branch) at which this person works (-) If employed since the last recertification cycle, please check and attach a resume.						
Administrative Function (check all that apply): President/Chief Administrator Branch Campus Director State Licensing Liaison Student Financial Assistance Officer Other Administrative Duties (specify) Main Campus Director Chief Academic Officer Financial Officer Data Coordinator						
Check if the following document Application for recent		is person's a	attention: Certificate of approval			
Name						
Title						
E-mail						
Telephone/Extension						
Identification Number of campus (Main or Branch) at which this person works (-) If employed since the last recertification cycle, please check and attach a resume.						
Administrative Function (ch President/Chief Adm Branch Campus Dire State Licensing Liais Student Financial As Other Administrative	ninistrator ector son sistance Officer		Main Campus Director Chief Academic Officer Financial Officer Data Coordinator			
Check if the following document Application for recent		is person's a	attention: Certificate of approval			

Duplicate and attach additional pages as needed

If you are completing the application electronically, click $\underline{\text{here}}$ to access a separate copy of this page for use in completing additional pages as needed.

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Main Campus DHE Identification Number: - <u>0 0</u>	
Branch Campus DHE Identification Number: -	
Name:	New
Courses Taught:	
Name:	New
Courses Taught:	
Name:	New
Courses Taught:	ш
Name:	New
Courses Taught:	
Name:	New
Courses Taught:	
Name:	New
Courses Taught:	
Name:	New
Courses Taught:	
Name:	New
Courses Taught:	
Name:	New
Courses Taught:	Ш
Name:	New
Courses Taught:	

Duplicate and attach additional pages as needed

If you are completing the application electronically, click $\underline{\text{here}}$ to access a separate copy of this page for use in completing additional pages as needed.

Instructional Personnel Form